

SERFF Tracking Number: ACEH-125511469 State: Arkansas  
First Filing Company: ACE American Insurance Company, ... State Tracking Number: EFT \$25  
Company Tracking Number: 08-PR-2007561  
TOI: 17.1 Other Liability - Claims Made Only Sub-TOI: 17.1006 Directors & Officers Liability  
Product Name: 08-PR-2007561  
Project Name/Number: TRIA Rule Filing/08-PR-2007561

## Filing at a Glance

Companies: ACE American Insurance Company, Westchester Fire Insurance Company

Product Name: 08-PR-2007561

SERFF Tr Num: ACEH-125511469 State: Arkansas

TOI: 17.1 Other Liability - Claims Made Only

SERFF Status: Closed

State Tr Num: EFT \$25

Sub-TOI: 17.1006 Directors & Officers Liability

Co Tr Num: 08-PR-2007561

State Status: Fees verified and received

Filing Type: Rule

Co Status:

Reviewer(s): Betty Montesi, Edith Roberts, Brittany Yielding

Authors: Jill Kelly, Bob Wolfrom

Disposition Date: 03/11/2008

Date Submitted: 02/27/2008

Disposition Status: Exempt from Review

Effective Date Requested (New): 01/01/2008

Effective Date (New):

Effective Date Requested (Renewal): 01/01/2008

Effective Date (Renewal):

State Filing Description:

## General Information

Project Name: TRIA Rule Filing

Status of Filing in Domicile: Pending

Project Number: 08-PR-2007561

Domicile Status Comments:

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 03/11/2008

State Status Changed: 03/11/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

Effective 01/01/2008, ACE is revising its Terrorism Risk Insurance Act (TRIA) rule filing for directors and officers liability.

Coverage for both certified acts of terrorism and other acts of terrorism is being provided to all policyholders for no additional premium. ACE has re-assessed this program's exposure to loss under TRIA and, as a result, is making a downward revision to the charge for this coverage.

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## Company and Contact

### Filing Contact Information

Robert Wolfrom, CPCU, Regulatory Specialist robert.wolfrom@ace-ina.com  
 436 Walnut Street (215) 640-5123 [Phone]  
 Philadelphia, PA 19106 (215) 640-4986[FAX]

### Filing Company Information

ACE American Insurance Company	CoCode: 22667	State of Domicile: Pennsylvania
PO Box 1000	Group Code: 626	Company Type:
436 Walnut Street		
Philadelphia, PA 19106	Group Name:	State ID Number:
(215) 640-5123 ext. [Phone]	FEIN Number: 95-2371728	

Westchester Fire Insurance Company	CoCode: 21121	State of Domicile: New York
1133 Avenue of the Americas	Group Code: 626	Company Type:
New York, NY 10036	Group Name:	State ID Number:
(215) 640-2324 ext. [Phone]	FEIN Number: 13-5481330	

## Filing Fees

Fee Required? Yes  
 Fee Amount: \$25.00  
 Retaliatory? No  
 Fee Explanation:  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
ACE American Insurance Company	\$25.00	02/27/2008	18188648
Westchester Fire Insurance Company	\$0.00	02/27/2008	

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Exempt from Review	Edith Roberts	03/11/2008	03/11/2008

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## Disposition

Disposition Date: 03/11/2008

Effective Date (New):

Effective Date (Renewal):

Status: Exempt from Review

Comment:

Rate data does NOT apply to filing.

### Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing	0.000%
Overall Percentage Rate Impact For This Filing	0.000%
Effect of Rate Filing-Written Premium Change For This Program	\$0
Effect of Rate Filing - Number of Policyholders Affected	0

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<b>Item Type</b>	<b>Item Name</b>	<b>Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Support Documents		Yes
<b>Rate</b>	TRIA State Exception Page - All States (01/2008)		Yes

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## **Rate Information**

Rate data does NOT apply to filing.

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## Rate/Rule Schedule

Review Status:	Exhibit Name:	Rule # or Page #:	Rate Action	Previous State Filing Attachments Number:
	TRIA State Exception Page 1 Page - All States (01/2008)	Page 1	New	Manual Rule 08-PR-2007561.pdf

**ACE American Insurance Company  
Westchester Fire Insurance Company**

Directors and Officers Liability

**TRIA State Exception Page – All States**

**Step 10: Terrorism Risk Insurance Act of 2002 (“TRIA”) Premium Charge** is deleted in its entirety and the following is inserted:

**Step 10: Terrorism Risk Insurance Act (“TRIA”)**

Coverage is provided for both certified acts of terrorism and other acts of terrorism (subject to underlying policy provisions) for no additional premium.

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## Supporting Document Schedules

### Review Status:

**Satisfied -Name:** Support Documents

02/27/2008

### Comments:

### Attachments:

Filing Memo 08-PR-2007561.pdf

TRIPRA Expedited Filing Form.pdf

ACE GROUP OF INSURANCE COMPANIES

**ACE American Insurance Company  
Westchester Fire Insurance Company**

Directors and Officers Liability

**Explanatory Memorandum**

Effective 01/01/2008, ACE is revising its Terrorism Risk Insurance Act (TRIA) rule filing for directors and officers liability. Coverage for both certified acts of terrorism and other acts of terrorism is being provided to all policyholders for no additional premium. ACE has re-assessed this program's exposure to loss under TRIA and, as a result, is making a downward revision to the charge for this coverage.

**Rules**

TRIA State Exception Page – All States (01/2008)

This countrywide exception page is revising the TRIA premium rule by reducing the charge for certified acts of terrorism coverage to 0%. ACE is providing this coverage at no charge to all policyholders.

**EXPEDITED FILING TRANSMITTAL DOCUMENT  
FOR TERRORISM RISK INSURANCE FORMS AND PRICING**

**This page applies to the following state(s) All states except CA, OH, OK**

Indicate Type of Filing <input type="checkbox"/> Filing Related to <i>Certified Losses</i> <input type="checkbox"/> Filing Related to <i>Non-Certified Losses</i> <input checked="" type="checkbox"/> Filing Applicable to Both Certified and Non-Certified Losses	Department Use only  
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Company Name(s)	Domicile	NAIC #	FEIN #
ACE American Insurance Company	PA	22667	95-2371728
Westchester Fire Insurance Company	NY	21121	13-5481330

**Contact Info for Filer**

Name and address of Filer(s)	Telephone #	FAX #	e-mail
Robert Wolfrom 510 Walnut Street Philadelphia, PA 19106	215-640-5123	215-640-4986	Robert.wolfrom@ace-ina.com

**Filing information**

<b>Line of Insurance</b> (see attachment)	Other Liability-Claims Made Only (17.1)
<b>Company Program Title</b> (Marketing title) (if applicable)	n/a
<b>Filing Type</b> ** see note below	Rule
<b>This application is used with:</b>	Directors & Officers Liability Coverage
<b>Effective Date Requested</b>	1/1/08
<b>Filing date</b>	2/27/08
<b>Company Tracking Number</b>	08-PR-2007561
<b>Date filing approved in domiciliary state, if applicable</b>	pending

	<u>Component/Form Name /Description/Synopsis</u>	<u>Form # or Rate Page Include edition date</u>	<u>Replacement Or withdrawn?</u>	<u>If replacement, give form # or rate page(s) it replaces</u>	<u>Previous State Filing Number, if required by state</u>
01	TRIA State Exception Page – All States (01/2008)	Page 1	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
02			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		

To be complete, a filing must include the following:

- A completed Expedited Filing Transmittal Document for each insurer or advisory organization.
- One copy of each endorsement, disclosure form or other policy language, unless the insurer has given an advisory organization authorization to file them on its behalf.
- A copy of the rates, rating systems and supporting documentation.
- The appropriate filing fees, if required
- A postage-paid, self-addressed envelope **large enough to accommodate the return.**

The insurer(s) submitting this filing certifies that it:

- Is in compliance with the terms of the Terrorism Risk Insurance Act, as amended, and the laws of this state; and
- Is in compliance with the requirements of the bulletin containing the voluntary expedited filing procedures.

\_\_\_\_\_  
 Robert Wolfrom \_\_\_\_\_ Sr. Regulatory Specialist \_\_\_\_\_

*Robert E. Wolfrom*

Signature \_\_\_\_\_

Print Name:

Title: